



**NEW JERSEY DEPARTMENT OF TRANSPORTATION  
DIVISION OF AERONAUTICS  
INSPECTION & AIRCRAFT OPERATION**

<http://www.state.nj.us/transportation/commuter/aviation/>

Phone: 609-530-2900/Fax: 609-530-4549

## APPLICATION FOR TEMPORARY AERONAUTICAL FACILITY LICENSE

|  |                          |                    |                                |                          |                         |
|--|--------------------------|--------------------|--------------------------------|--------------------------|-------------------------|
| \$10.00  | <input type="checkbox"/> | AIRPORT            | \$20.00                        | <input type="checkbox"/> | PARACHUTE DROP ZONE     |
| \$10.00  | <input type="checkbox"/> | BALLOONSPOT        | \$10.00                        | <input type="checkbox"/> | SEAPLANE BASE           |
| \$10.00  | <input type="checkbox"/> | BLIMP MOORING MAST | \$15.00                        | <input type="checkbox"/> | ULTRALIGHT REC FACILITY |
| \$10.00  | <input type="checkbox"/> | HELIPORT           | \$10.00                        | <input type="checkbox"/> | VERTIPORT               |
| \$10.00  | <input type="checkbox"/> | HELISTOP           |                                |                          |                         |
| <b>APPLICANT INFORMATION</b>   |                          |                    |                                |                          |                         |
| NAME:  |                          |                    |                                |                          |                         |
| ADDRESS:   |                          |                    |                                |                          |                         |
| CITY:  |                          |                    | STATE:                         |                          | ZIP:                    |
| OFFICE PHONE:  |                          | HOME PHONE/CELL:   |                                |                          |                         |
| FAX:   |                          | EMAIL ADDRESS:     |                                |                          |                         |
| <b>APPLICANT REPRESENTATIVE INFORMATION</b><br>(Person responsible for the conduct of the operation) |                          |                    |                                |                          |                         |
| NAME:  |                          |                    |                                |                          |                         |
| ADDRESS:   |                          |                    |                                |                          |                         |
| CITY:  |                          |                    | STATE:                         |                          | ZIP:                    |
| PHONE:   |                          | EMAIL ADDRESS:     |                                |                          |                         |
| FAX:   |                          | OTHER:             |                                |                          |                         |
| <b>LOCATION (Please fill in all fields)</b>  |                          |                    |                                |                          |                         |
| FACILITY/LOCATION NAME:  |                          |                    | PURPOSE:                       |                          |                         |
| ADDRESS:   |                          |                    | Latitude:                      | N                        |                         |
|  |                          |                    | Longitude:                     | W                        |                         |
| CITY:  |                          | NJ                 | ZIP:                           |                          |                         |
| TOWNSHIP:  |                          |                    | COUNTY:                        |                          |                         |
| DATE(S) TO BE USED:<br>TIME(S):  |                          |                    | ALTERNATE DATE(S):<br>TIME(S): |                          |                         |

NJ DEPARTMENT OF TRANSPORTATION, DIVISION OF AERONAUTICS, 1035 PARKWAY AVE, PO BOX 610, TRENTON, NJ 08625

|   |       |                      |
|---|-------|----------------------|
| Has the facility been used previously? <input type="checkbox"/> If "Yes", by whom and when? |       |                      |
| What provisions will be made to safeguard the public (spectators)?                          |       |                      |
|   |       |                      |
| If night operation, describe landing/takeoff area lighting.                                 |       |                      |
| <b>AIRCRAFT SPECIFICATIONS (Please complete all sections)</b>                               |       |                      |
| MAKE  | MODEL | FAA REGISTRATION NO. |
|   |       |                      |
|   |       |                      |
|   |       |                      |

**THE FOLLOWING "APPROPRIATE" ATTACHMENTS MUST BE SUBMITTED TO COMPLETE THE APPLICATION PROCESS:**

| <b>ATTACHMENTS</b>  | <b>Check <input checked="" type="checkbox"/></b> |
|---|--|
| A letter, statement, or certificate from the appropriate governing body which states there is no objection to the issuance of a temporary license (mandatory for all temps).  | <input type="checkbox"/>                         |
| A sketch or map that includes sufficient detail to demonstrate the proposed facility is capable of accepting the operation (e.g., <a href="http://www.topozone.com/viewmaps.asp">http://www.topozone.com/viewmaps.asp</a> or <a href="http://www.googleearth.com">http://www.googleearth.com</a> ). Please add dimensions of the area to the sketch or map. | <input type="checkbox"/>                         |
| Banner towing facilities: include a sketch of the designated drop and pickup area which shows the air traffic pattern for pickup and drop off of the banner.  | <input type="checkbox"/>                         |
| Parachute drop zones for parachuting exhibitions, the sketch shall include at least a 200 foot by 200 foot clear target/touchdown area and all obstacles and terrain within 1000 feet of the center of the target/touchdown area.   | <input type="checkbox"/>                         |
| Certification that the area(s) to be utilized are under the control of the applicant or are being used with the permission of the landowner (copy of letter from owner attached).   | <input type="checkbox"/>                         |
| FAA Certificate of Waiver or Authorization is required for Parachuting exhibitions and Banner Towing activities.  | <input type="checkbox"/>                         |
| List of airmen and other persons (and their qualifications) intending to utilize the facility.  | <input type="checkbox"/>                         |
| Copy of required FAA <i>Notice of Landing Area Proposal</i> (FAA Form 7480-1 – available at: <a href="http://www.faa.gov/">http://www.faa.gov/</a> ), when required. <i>Required for all ultralight recreational facilities.</i>  | <input type="checkbox"/>                         |
| Aircraft specifications and performance data indicating that the intended operations will be safely conducted in the areas intended for use.  | <input type="checkbox"/>                         |
| <b>Appropriate Application Fee (see top of page 1).</b>   | <input type="checkbox"/>                         |

\_\_\_\_\_  
APPLICANT SIGNATURE\_\_\_\_\_  
DATE

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***\* APPLICANT - PLEASE INCLUDE THIS PAGE \******FOR USE BY THE DIVISION OF AERONAUTICS ONLY**

|                                     |  |                              |                             |                                     |
|-------------------------------------|--|------------------------------|-----------------------------|-------------------------------------|
| <b><u>Delinquent Documents:</u></b> | <b>Municipal Authorization</b>               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                     |
|                                     | <b>Diagram/Sketch</b>                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                     |
|                                     | <b>Applicant or Land Owner Certification</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                     |
|                                     | <b>FAA Waiver</b>                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not Needed <input type="checkbox"/> |
|                                     | <b>FAA Form 7480-1</b>                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not Needed <input type="checkbox"/> |
|                                     | <b>List of Pilots</b>                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not Needed <input type="checkbox"/> |
|                                     | <b>Aircraft Specs/Performance Data</b>       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not Needed <input type="checkbox"/> |
|                                     | <b>Appropriate Fee</b>                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                     |
| <b>INSPECTOR NOTES:</b>             |  |                              |                             |                                     |
|                                     |  |                              |                             |                                     |
|                                     |  |                              |                             |                                     |
|                                     |  |                              |                             |                                     |

**RECOMMEND:**    **Approval** ☐

**Disapproval** ☐

\_\_\_\_\_  
**Inspector's Signature**\_\_\_\_\_  
**Date**

|   |  |
|---|--|
| <b>BUREAU CHIEF:</b>                        |  |
| Signature: _____                            |  |
| Date _____                                  |  |
| Screened by NJ Department of Transportation | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |
| Reasons for Disapproval                     |  |
|   |  |
|   |  |
|   |  |